



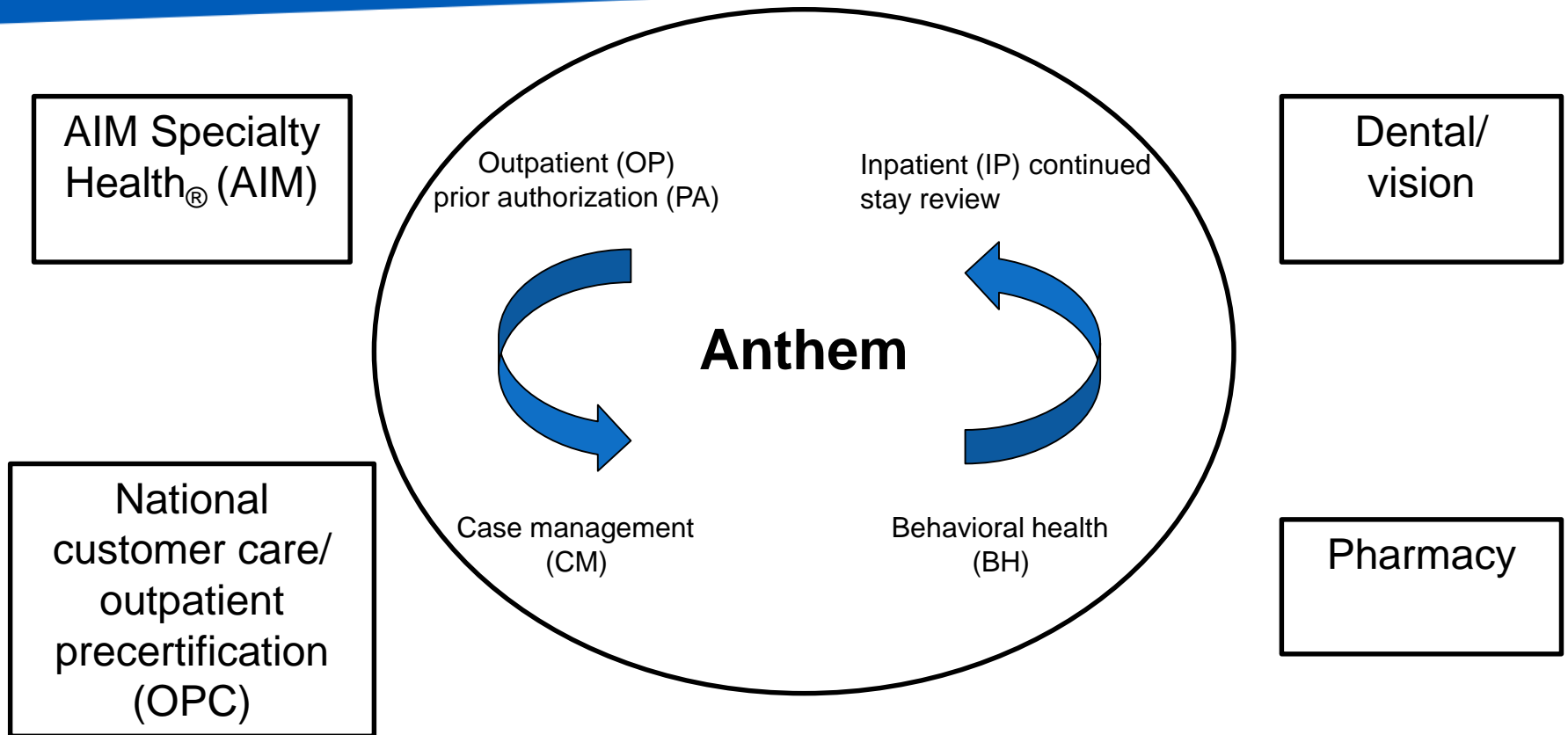
Anthem Blue Cross and Blue Shield  
Serving Hoosier Healthwise, Healthy Indiana  
Plan and Hoosier Care Connect

# **Anthem Blue Cross and Blue Shield (Anthem)**

**[2019] outpatient  
utilization management  
process**



# Utilization management



# Utilization management — Anthem

OP utilization management (UM) at the Anthem level:

- **OP UM team:**
  - Manager — [Terrie Sproat, RN]
  - Team lead — [Kristie Head, RN]
  - [Eight] clinicians
  - [10] non-clinicians
- **OPC:**
  - Extension of Anthem
  - Managers
  - Team leads
  - Clinicians
  - Non-clinicians

# OPC utilization management

## Case review types at the OPC:

- Surgery:
  - Elective IP
  - Elective OP procedures (vein stripping/skin grafts)
- Office visits
- Drug testing
- Genetic testing (most done via AIM)

# Utilization management — Anthem

## **Anthem case review types:**

- Home health
- Home infusion
- Wound care
- Durable medical equipment (rental/purchase)
- Out-of-network
- Pain management (pain blocks)
- Various OP procedures
- Any review that a vendor is unable to review or complete

# Utilization management — Anthem

## Anthem PA process

For CPT codes that require PA:

- Use the Prior Authorization Lookup Tool (PLUTO) at [<https://mediproviders.anthem.com/in/Pages/precertification-lookup.aspx>] to determine if PA is required.
- Fax your completed Indiana Health Coverage Programs (IHCP) PA form to:
  - [1-844-765-5157] for Anthem reviews.
  - [1-866-406-2803] for OPC reviews.
- Submit them via the Availity Portal at [<https://www.availity.com>].



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# Utilization management — Anthem

## **Anthem PA process (cont.)**

Once the request is received at Anthem:

- A case is built and sent for clinical review.
- A clinician will review the request per the clinical guideline/medical policy.
  - If criteria is met, the case is approved.
  - A decision notification is sent via mail.
  - If criteria is not met, the case is sent to MD for medical review.

# Utilization management — Anthem

## **Anthem PA process (cont.)**

- Once the medical review is completed, the case is sent back to the clinician for completion.
  - If MD approved: notification sent via mail
  - If MD denied: notification faxed to the provider in addition to the mailed notification



# Utilization management — Anthem

## Turn around time:

- Standard pre-service (non-urgent): [seven calendar days] from received date
- Urgent pre-service: [three calendar days] from received date

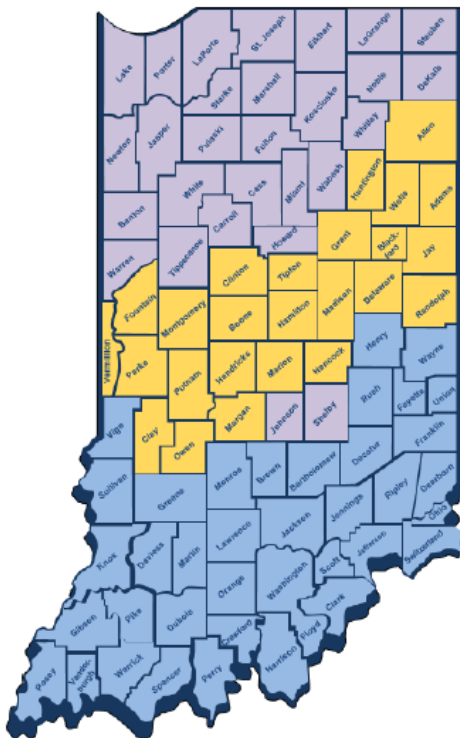
# Questions?



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# Contact information

## Behavioral Health

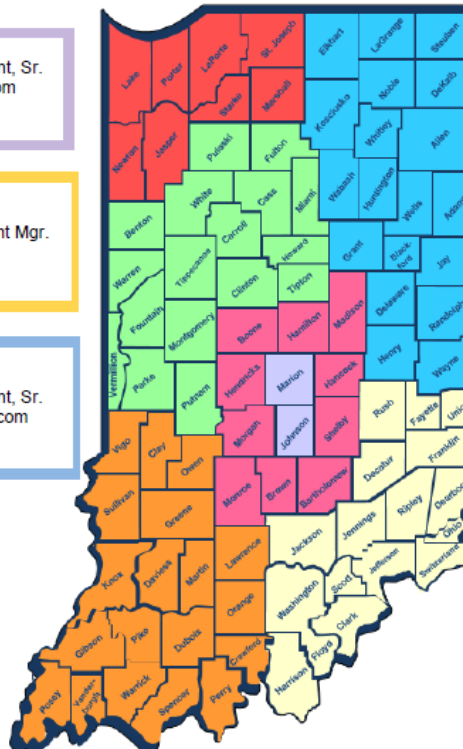


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# Thank you

## **[www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc)**

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<https://tinyurl.com/fssa1014>

